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The Hon. Thomas O. Rice

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WASHINGTON

MICHAEL BACON, et al.,

Plaintiffs,

v.

NADINE WOODWARD, et al.,

Defendants,

JAY INSLEE, et al.,

Intervenor-Defendants.

CASE NO. 2:21-cv-00296 TOR

DECLARATION OF JOEL D. EDMINSTER, MD, FACEP

I, JOEL D. EDMINSTER, MD, FACEP, declare and state:

1. I am over 18 years of age, competent to testify and make this statement upon personal knowledge.

2. I am the Medical Director for the Spokane Valley Fire Department, Spokane City Fire Department ("SFD"), and Spokane County District 9 Fire

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Department. In these roles I am responsible for administering quality assurance measures for SFD and Emergency Medical Services ("EMS") education and training to SFD personnel designated Emergency Medical Technicians ("EMT"). I am SFD's representative on the Spokane County EMS and Trauma Care Council which is affiliated with the Washington State Department of Health ("DOH").

3. Prior to joining the Spokane Fire Departments, I served as Medical Director for the INHS HTN Paramedic Program from 2012-2017, Medical Director for Deer Park Ambulance form 2010-2014, and was a primary LifeFlight physician from 2007-2008. I continue to serve as an Emergency Medicine Physician with Providence Sacred Heart Medical Center and Children's Hospital, and am employed by Spokane Emergency Physicians, where I served on the Executive Committee from 2010-2014.

4. I have a Doctor of Medicine (MD) from Case Western Reserve University School of Medicine. I completed a residency in Emergency Medicine at MetroHealth Center/Cleveland Clinic Foundation. Attached as Exhibit 1 is a true and correct copy of my curriculum vitae.

5. I have reviewed the October 21, 2021 Declaration of Dr. Scott W. Lindquist, DOH's State Epidemiologist for Communicable Diseases, filed in the related case of *Wise, et al. v. Inslee, et al.*, Case No. 2:21-CV-0288-TOR at Dkt. 40, and fully agree with his statements and opinions regarding the COVID-19

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pandemic, Washington state's response, FDA authorization and approval of vaccines, Washington state's Vaccination Campaign, the Delta variant, fifth surge and vaccine efficacy, and Governor Jay Inslee's Proclamation 21-14, which mandates vaccinations for certain categories of workers. I have also reviewed the guidance issued on September 23, 2021 by Dr. Michael Sayre, Medical Director of the Seattle Fire Department, and Dr. Thomas Rea, Medical Program Director for the Emergency Medical Services Division of Public Health-Seattle & King County, to Emergency Medical Service (EMS") agencies in King County recommending that EMS employees providing direct patient care be advised their agencies may not be able to safely accommodate their request for a medical disability or sincerely held religious belief request given the burden this would place on their colleagues, patients and larger public. A true and correct copy of this guidance is attached as Exhibit 2.

6. It is my overall opinion that Proclamation 21-14 is an important and necessary component of the public health control strategies SFD has implemented to mitigate the transmission and spread of COVID-19.

SFD'S RESPONSE TO THE COVID-19 PANDEMIC

7. Since January 2020 I have helped the SFD and Spokane County EMS & Trauma Care Council prepare to respond to the COVID-19 pandemic. These preparations included helping create the Spokane Regional EMS COVID-19

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Medical Group Recommendation, published April 9, 2020, a true and correct copy of which is attached as Exhibit 3. As part of SFD's ongoing EMS trainings I have given lectures and distributed materials to staff on COVID-19 virus and how its spread can be controlled by vaccines. On March 16, 2020, I delivered a lecture to SFD personnel on COVID-19 and a comparison to other coronaviruses. I assisted SFD in preparing its "All Mask All The Time" guidelines on March 21, 2020, a true and correct copy of which is attached as Exhibit 4. This guidance was issued prior to the CDC or DOH's masking guidance. I hosted a webinar regarding the COVID-19 vaccines in January 2021 (attached as Exhibit 5), prepared and distributed a vaccine position paper on September 2, 2021 (attached as Exhibit 6), gave a lecture on critical evaluation of scientific literature to department staff on September 21, 2021, and published a memorandum on vaccine exemption and natural immunity on October 13, 2021 (attached as Exhibit 7). In addition, I have reviewed and continue to monitor medical literature on the transmission, symptoms, severity, and efficacy of the COVID-19 vaccines. Through these lectures and materials, I informed SFD personnel of the following facts.

VACCINES ARE NECESSARY TO CONTROL THE SPREAD OF THE DELTA VARIENT

8. Vaccines are intended to introduce the host immune system to a potential pathogen (virus, bacteria, etc.) and subsequently initiate an immune

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response that will help the host mount a robust immune response when they are introduced to that particular pathogen in the future. The coronavirus vaccines generally use the spike protein which is a large protein on the surface of the viral coat as the antigen for developing an immune response and subsequent long-term immunity. *https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html*. When people get vaccinated, the host cells, mostly cells at the inoculation site and some immune cells, incorporate the RNA sequence into the ribosome of the cell where the spike protein is synthesized. *Bettini E, Locci M. SARS-CoV-2 mRNA Vaccines: Immunological Mechanism and Beyond. Vaccines (Basel). 2021;9(2):147. Published 2021 Feb 12. doi:10.3390/vaccines9020147*. Contrary to some misinformation that is circulated, the sequence does not get introduced into the nucleus of the cell and does not incorporate into a host's DNA. *Yan B, et. Al. 2021. Host-virus chimeric events in SARS-CoV-2-infected cells are infrequent and artifactual. J Virol 95:e00294-21. https://doi.org/10.1128/JVI.00294-21*. Most, if not all infected cells become cleared by the host cell's immune response within a matter of days. *https://www.nebraskamed.com/COVID/where-mrna-vaccines-and-spike-proteins-go*. The most common side effects that people experience are those of the immune response that generate long term immunity—fatigue, fever, myalgia, enlarged lymph nodes, etc. *https://www.cdc.gov/coronavirus/2019-*

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ncov/vaccines/expect/after.html. There are very few serious side effects which I will address in a moment. The benefit of vaccination is best realized in terms of populations, not individuals. While there is some significant value to the individual in regard to protection from disease the greatest benefit is when herd immunity is attained and the disease of concern is reduced to levels that do not pose a threat to the community. *https://www.publichealth.columbia.edu/public-health-now/news/relationship-between-vaccines-and-herd-immunity*. In some cases vaccination programs have eradicated diseases entirely. A recent study from Morbidity and Mortality Weekly suggested that unvaccinated persons are 5x more likely to contract COVID-19 and 29x more likely to be hospitalized for COVID-19. *Griffin JB, Haddix M, Danza P, et al. SARS-CoV-2 Infections and Hospitalizations Among Persons Aged ≥16 Years, by Vaccination Status — Los Angeles County, California, May 1–July 25, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1170–1176*. This is a very significant difference and major reason for hospitals and healthcare providers feeling the strain of the current surge. Vaccination is the safest and best strategy for quelling the current surge and returning to an unrestricted and normal future.

9. The greatest source of vaccine hesitation expressed to me by SFD personnel is in regard to the safety and efficacy of various vaccines, especially the mRNA vaccines. mRNA vaccines have been studied for nearly 10 years with a

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number of different trials, including vaccines for Zika, SARS, and now Covid-19. *https://clinicaltrials.gov/ct2/results?cond=&term=&spons=ModernaTX&strd_s=&strd_e=01%2F01%2F2020&cntry=&state=&city=&dist=&Search=Search&sort=nwst*. I have explained to SFD personnel that while there are a number of side effects that have gained some national attention that are recognized as vaccine complications, they are exceedingly rare and include;

- Thrombosis with Thrombocytopenia Syndrome is a disease of abnormal blood clotting and low platelets. It has been documented in 44 of the 14 Million J&J patients {0.0003%) and 2 of the 346 million mRNA vaccine patients
- Guillain-Barre Syndrome is an ascending paralysis that cans last weeks to months. It has been documented in 167 of the 14 Million J&J patients (0.0012%)
- Myocarditis and Pericarditis is inflammation of the heart or pericardium respectively. It has been confirmed in 778 cases associated with the mRNA vaccines (0.00002%)

[*https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html*]

10. Based on these statistics and the incidence of fatality and long term sequelae of Covid-19 infection I would believe the risk-to-benefit ratio based on the likelihood of harm from the current vaccines heavily weighs in favor of vaccination given the much higher risks associated with routine medications and behaviors such as NSAIDS, antibiotics, alcohol, tobacco, driving, and the individual's occupation as a firefighter.

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11. In regard to mandatory vaccinations for healthcare providers such as firefighters and EMTs, I see the current requirement of COVID-19 vaccination as a practice that is consistent with current vaccine requirements. I am aware that numerous private institutions, including hospitals, have required flu vaccinations for employees in the past with some religious and medical exemptions. I believe that as healthcare providers, firefighters and EMTs have a duty and ethical obligation to participate in vaccination programs. This belief is shared by the vast majority of governing bodies that advocate for firefighters and EMTs including, but not limited to, the American Academy of Emergency Medicine (AAEM), National Association of EMS Physicians (NAEMSP), American Paramedic Association (APA), National EMS Management Association (NEMSMA) American College of Emergency Physicians (ACEP), American Medical Association (AMA), American Hospital Association (AHA), American Academy of Nursing (ANA). A true and correct copy of the Council of Medical Specialty Societies Joint Statement in Support of COVID-19 Vaccine Mandates for All Workers in Health and Long-Term Care, which includes a comprehensive list of the organizations that have participated in this joint position statement, is attached as Exhibit 8. Additionally, The IAFF position statement regarding this topic reads; "the IAFF strongly recommends all members be vaccinated against the coronavirus for their own protection and the protection of their brothers and

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sisters, family members, friends and communities." A true and correct copy of the IAFF Position Statement on COVID-19 Vaccines is attached as Exhibit 9.

VACCINATION IS THE LEAST RESTRICTIVE PUBLIC HEALTH OPTION

12. In my opinion, vaccination is the least restrictive means of protecting public health. It is superior to and less restrictive than implementing social distancing and masking policies. The need for vaccination of firefighters and EMTs is increased as they routinely enter the home of vulnerable members of our community and are in contact with members of the public who suffer from comorbidities and are immunocompromised. I believe firefighters and EMTs, as do all healthcare providers, have an ethical duty to protect vulnerable individuals by becoming vaccinated.

NATURAL IMMUNITY AND ANTIBODY TESTING ARE NOT ACCEPTABLE SUBSTITUTES FOR VACCINATION

13. In my opinion, vaccinations are a far safer option to protect than allowing healthcare providers to attempt to achieve "natural immunity" by contracting the COVID-19 illness. Natural immunity and vaccine immunity wane with time but the best medical evidence suggests that natural immunity is less robust than vaccine immunity. Medical science is currently unable to predict how long natural immunity would last and until its duration can be reliably established it cannot be considered as a vaccine substitute.

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14. Regular testing using antibody or serology tests is also less effective than requiring vaccinations to protect public health. For multiple reasons the CDC and FDA do not recommend this approach. The current body of evidence does not ensure that history of prior COVID-19 infection is adequate for long-term personal protection from re-infection with COVID-19 or community protection against progression of the COVID-19 pandemic.

15. Acquired immunity through natural infection by the Delta variant of the COVID-19 virus vs. immunity achieved through the use of vaccines currently approved for use in the United States has been a frequent topic of discussion and debate in both scientific and public circles. Understanding that the body of evidence evolves with technological advancements and new evidence, and with the expectation that more studies will undoubtedly emerge over the next months, I provided SFD Chief Brian Schaeffer with a memorandum on October 13, 2021 summarizing the current SARS-CoVID-2 immunity evidence. Exhibit 7.

I declare the foregoing is true and correct to the best of my knowledge and do so under penalty of perjury.

EXECUTED this first day of November, 2021 at Spokane, Washington.

Joel D. Edminster, MD, FACEP

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CERTIFICATE OF SERVICE

I hereby certify that on this day I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

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DATED this 3rd day of November, 2021.

s/ Denise Brandenstein
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